

L16000181380

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

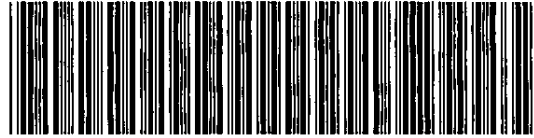
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600290295886

09/27/16--01022--003 \*\*160.00

FILED  
2016 SEP 27 AM 10:47  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

V HERRING

SEP 29 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Deasil LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARIA CIRISANO  
Name of Person

Deasil LLC  
Firm/Company

20800 NE 30<sup>th</sup> Place  
Address

Aventura, FL 33180  
City/State and Zip Code

cirisano@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARIA CIRISANO at (561) 670-1122  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☒

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**Deasil LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**20800 NE 30TH Place  
Aventura, FL 33180**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Daria Cirisano  
20800 NE 30TH Place  
Aventura, FL 33180**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

  
Registered Agent's Signature

**ARTICLE IV -**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title**

MGR

**Name and Address**

**Daria Cirisano  
20800 NE 30TH Place  
Aventura, FL 33180**



**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provide for in s.817.155, F.S.

**Daria Cirisano**

Typed or printed name of signee

FILED  
2016 SEP 27 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA